

1 IN THE THIRTEENTH JUDICIAL CIRCUIT OF THE STATE OF ILLINOIS
2 LASALLE COUNTY, ILLINOIS
3

4 KEVIN R. KRAMER,

5 Petitioner,

6 v.

7 JULIA C. EICKMEIER,

8 Respondent.

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) Case No. 15 F 153
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) IV-D: C02786053
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9
10 THE EVIDENCE DEPOSITION of DR. JANE VELEZ, a
11 witness, called by the Petitioner for examination
12 pursuant to notice and pursuant to the provisions of the
13 Code of Civil Procedure and the Rules of the Supreme
14 Court thereof pertaining to the taking of depositions for
15 said purpose, taken before me, Dee Dee Sullivan, CSR-RPR,
16 License #084-002624, a Notary Public in and for the
17 County of Peoria and the State of Illinois, at 416 Main
18 Street, Suite 600, in the City of Peoria, County of
19 Peoria, and State of Illinois, commencing at 4:02 p.m.
20 and ending at 6:02 p.m. on the 22nd day of December,
21 2016.

22 ORIGINAL
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I N D E X

DR. JANE VELEZ

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E X H I B I T S

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1 MR. STEELE: Let the record show this is the
2 evidence deposition of Dr. Jane Velez taken pursuant
3 to Supreme Court rule, by notice and by stipulation
4 and agreement of the parties.

5 Counsel, can we have the usual
6 stipulations with regard to swearing of the witness?

7 MR. MISKELL: No objection.

8 MR. STEELE: And signature waiver?

9 MR. MISKELL: We'll see at the end.

10 MR. STEELE: Usual stenographic stipulations?

11 MR. MISKELL: Yeah, that's fine.

12 MR. STEELE: And use of this deposition at
13 trial?

14 MR. MISKELL: That's fine.

15
16 DR. JANE VELEZ,
17 being first duly sworn, was deposed and says as follows,
18 in answer to:

19 EXAMINATION BY MR. STEELE:

20 Q All right. Doctor, for the record would you state
21 your name, please.

22 A Jane Velez. V as in Victor, -E-L-E-Z.

23 MR. STEELE: All right. Would you mark this

1 as Petitioner's Exhibit No. A for deposition
2 purposes.

3 (Marked for identification
4 Petitioner's Exhibit A)

5 BY MR. STEELE:

6 Q Doctor, what is your profession?

7 A I'm a licensed clinical psychologist.

8 Q And you licensed in the state of Illinois?

9 A Yes.

10 Q I'm going to show you what's been marked as
11 Petitioner's Exhibit A, and ask you if you can
12 identify that.

13 A Yeah, that's my CV.

14 Q All right. Does that list your educational
15 background?

16 A Yes, aside from I just got another post doc master's
17 degree that I just realized isn't included on that.

18 Q What is your educational background?

19 A Well, I have a bachelor's from Northeastern Illinois
20 University, I have a master's from Bradley
21 University.

22 Q What's your master's in?

23 A Clinical psychology.

1 Q Okay.

2 A And a Doctorate in Clinical Psychology from Illinois

3 School of Professional Psychology in Chicago, and I

4 have a post doc Master's degree in Psychopharmacology

5 from Fairleigh Dickinson University.

6 Q Okay. And what does that degree entitle you to do?

7 A To prescribe medications.

8 Q Okay. You a licensed sex offender evaluator?

9 A Yes, and treatment provider.

10 Q And how long has that been?

11 A Well, the SOMB, the Sex Offender Management Board,

12 I've been a member of that for many years. They just

13 started -- they just developed a license a few years

14 ago, so those of us who were already doing sex

15 offender were involved in that, had to get a license.

16 So it's a new license that's only been a license for

17 about three years --

18 Q Okay.

19 A -- prior to that we didn't need a license.

20 Q All right. And what is your work history?

21 A Well, I've been in private practice since March of

22 1999 as a clinical psychologist.

23 Q Okay. And what is your business?

1 A Peoria Psychological Associates.
2 Q What's services do you provide at that service?
3 A Well, my main focus is on forensic evaluations for
4 the court.
5 Q Okay.
6 A That's kind of my specialty. And then I also do
7 individual therapy as well like in the evenings, but
8 I do testing most days.
9 Q Okay. Can you explain that specialty to us.
10 A Well, my focus is really evaluating people and
11 writing a report for the court, that's mainly what I
12 specialize in.
13 Q Are you frequently appointed by the Court to perform
14 these types of evaluations?
15 A Yes.
16 Q What courts have you performed these evaluations in?
17 A Oh, it's hard to -- like really a lot of counties
18 from St. Louis area all the way down to maybe
19 Champaign, over to I think Livingston County, and
20 then up north to LaSalle area, just kind of the whole
21 central -- a good chunk of Illinois, I guess.
22 Q Okay.
23 A Quite far south, because there's not many people down

1 south practicing.

2 Q All right. Now you been qualified as an expert in

3 your field for any court in Illinois?

4 A Yes, many of them.

5 Q Okay. And were you ordered by the LaSalle County

6 Court to perform an evaluation?

7 A Yes.

8 Q And that was of Julia Eickmeier?

9 A Yes.

10 Q All right. So pursuant to that court order, what did

11 you do? Did she present herself to your office?

12 A Yes.

13 Q And when did that happen?

14 A That was October 14th, 2016.

15 Q All right. What was the purpose of this evaluation,

16 if you know?

17 A To assess her mental state. So I kind of did some

18 cognitive academic and emotional psychological tests.

19 Q Okay. How does one assess a person's mental state?

20 What do you do? What's your general practice?

21 A Well, a huge part of that is interview and evaluation

22 by observation and interviewing.

23 So we have kind of a standard format for

1 an interview that we ask everybody. We kind of get a
2 life history, find out about their childhood,
3 education, any trauma in their life, any mental
4 health diagnoses or medications they've been on
5 already prior to this, any treatment they're involved
6 in, any arrests, any substance abuse history,
7 relationship history. Like I said, educational
8 history, job history. Kind of get a picture of their
9 level of functioning in the community as an adult
10 individual and then after that kind of go forward.

11 Well, actually I do the -- I should say
12 I do the IQ testing first --

13 Q Okay.

14 A -- and I usually do the interview last.

15 Q All right.

16 A And then they kind of do the personality testing.
17 They may start it before I take them in. So, you
18 know, if I'm not ready right at the minute they get
19 there I'll have them start on a test and then, you
20 know, have them finish it later on.

21 And there's a number of kind of lengthy
22 tests we give them. The MMPI takes about an hour and
23 fifteen minutes on average for somebody with average

1 reading ability. The MCMI is a little shorter,
2 maybe, you know, forty minutes for that is normal.
3 Q Okay. And did Ms. Eickmeier present herself to you
4 then on October 14th?
5 A Yes.
6 Q And was she on time?
7 A Yes.
8 Q Okay. And what was the first thing you did then?
9 A Well, she started on some tests and then I took her
10 in and did -- you know, talked to her a few minutes,
11 break the ice a little. She was really -- I don't
12 know what you want me to go into now. Do you want me
13 to -- well, she was really anxious, so I kind of had
14 to talk to her a little while to get her to calm
15 down. I was really fearful she was just going to
16 leave and not do any testing. She was very anxious
17 about the tests.
18 Q Now is that usual? Do you encounter that very often
19 in your practice?
20 A People are often mildly anxious because they're being
21 evaluated. I think that's pretty normal, any of us
22 would be a little anxious, but not to the extent that
23 Ms. Eickmeier was.

1 Q All right.

2 (Marked for identification
3 Petitioner's Exhibit No. B)

4 BY MR. STEELE:

5 Q With respect to our Exhibit No. A, does that set
6 forth your credentials and all your educational
7 background?

8 A Aside from the last degree I just am getting right
9 now.

10 Q Does that set forth your publications?

11 A I'm not published.

12 Q Your presentations I mean.

13 A Presentations, you know, I don't think I really
14 included them.

15 Q Okay.

16 A I notice some people do. I don't know if I did or
17 not.

18 MR. STEELE: All right. I'll move to
19 introduce Exhibit A. Any objection?

20 MR. MISKELL: No objection.

21 BY MR. STEELE:

22 Q I'm showing you what's marked as Exhibit B, and ask
23 you if that is a copy of your psychological

1 evaluation you performed upon Julia Eickmeier?

2 A Yes.

3 Q And you indicated you performed several tests upon

4 her?

5 A Yes.

6 Q Actually as part of this report you first have a

7 rather lengthy section regarding your interview with

8 her, I assume.

9 A Yes.

10 Q So you did a rather lengthy interview with her, and

11 that's all detailed in. your report?

12 A Yes.

13 Q You also refer to her mental status, and that's how

14 she presented herself to you at that day?

15 A Yes.

16 Q Described as being anxious.

17 A Yes.

18 Q You indicated you presented several assessment

19 procedures to her, including a Wechsler Adult

20 Intelligence Scale.

21 A Yes.

22 Q You want to refer to your report?

23 A Oh, I pretty much am familiar with that.

1 Q Okay.

2 A That's a standard IQ test that is given all over the
3 United States and the scores are standardized on
4 hundreds of people from different backgrounds and
5 ages and nationalities, and so we pretty much know
6 what is average for an IQ score.

7 Hers was rather unusual in that her
8 like visual and spatial skills were much stronger
9 than other skills. Her general fund of knowledge was
10 kind of on the low end, it was like a little below
11 average. So she didn't have a great deal of
12 knowledge about the world, you know, that you'd
13 normally get with an education in normal education,
14 but she was very good with like blocks and puzzles
15 and things like that, kind of nonverbal skills.

16 Verbally she did perform better on kind
17 of some abstract reasoning questions, like how are a
18 boat and a car alike, and they of course become much
19 more difficult than that. She performed pretty well
20 on that. I think she has a pretty good imagination
21 and was able to come up with some decent answers.

22 Her vocabulary was average, and I said
23 she had a strength in these non-verbal visual and

1 spatial skills such as puzzles, matrix reasoning.

2 Her immediate memory and attention was
3 slightly -- I mean it was in the normal range but it
4 was much -- it was on the low end, it was 95. With
5 100 being an average IQ, okay, that would be the 50th
6 percentile, so compared to some of her other scores
7 it was a little on the low end.

8 I think she has a little ADHD going on
9 there, or it could have been due to anxiety, one or
10 the other, and so she had a little trouble with
11 attention and concentration. This was also obvious
12 in her arithmetic skills, which a lot of that,
13 especially verbal arithmetic story problems, is
14 concentration and immediate memory and attention more
15 than the actual mathematics ability, so there were
16 some weaknesses there.

17 Psychomotor speed and coordination were
18 pretty good. You know, she's pretty fast and
19 accurate that way.

20 And that about sums it up. The test did
21 state that like her full scale IQ score wasn't a very
22 good description of the way her brain works because
23 there were so many strengths and weaknesses that it

1 wasn't just flat with tests overall about the same
2 level like a lot of people would think, there was a
3 lot of variability among her scores.

4 Q Okay. And how did this relate to your overall
5 assessment then of her abilities?

6 A Well, it's just a piece of information that I would
7 use, you know, in my opinions, and now I know how
8 every area of her brain kind of functions so that
9 gives me an idea of how her brain works.

10 Q Okay. And what was the next test you gave?

11 A Did the academic, just an academic achievement test
12 screening kind of for reading, spelling and
13 arithmetic skills. Her lowest score there was
14 arithmetic, she did kind of poorly in that, I think
15 it was like 8th grade level, the others were like
16 12th grade.

17 Let's see, spelling was stronger, a
18 little stronger than reading I believe, so they were
19 about the same range. So nothing too significant
20 aside from the low arithmetic.

21 Q Would you mind reviewing your report with regard to
22 your findings to refresh your recollection.

23 A Do you want me to?

1 Q Well, you may want to take a look at it. As we go
2 through this I'll be asking you questions.
3 A I didn't know I can do that.
4 Q Yes, you can refresh your recollection from your
5 report.
6 A Yeah. The reading and spelling, like I said spelling
7 was slightly stronger than word recognition or
8 reading. And then the low arithmetic, and that was
9 actually 6.8, so that would be 6th grade 8th month,
10 so it was pretty low, 19th percentile.
11 Q And your next was an assessment of personality
12 function. You gave her the Millon Clinical
13 Multiaxial Inventory?
14 A Yes, the Millon Clinical Multiaxial Inventory.
15 Q What kind of test is that?
16 A That's a personality test that measures not only Axis
17 I disorders but also Axis II personality disorders.
18 Q Okay. And how does it work?
19 A Well, they're given just under 200 questions, and
20 they're true-false questions and they have various
21 weights to various questions based on, you know, the
22 research that's gone behind making the test. This is
23 the latest version. It's been used for many,

1 many years.

2 And then we put the answers into the
3 computer and we get the scales stating what's
4 elevated and what isn't. And we also have validity
5 scales that show us the person's test taking manner,
6 if they were honest or trying to appear overly
7 negative light, like cry for help type manner, or if
8 they wanted to present themselves as free from flaws.
9 So we look at that first and that kind of determines
10 the validity of the test.

11 Did you want me to tell you about her
12 results?

13 Q Before we get into that, did you observe her taking
14 the test?

15 A At some points. I mean I didn't watch her every
16 minute she took the test.

17 Q Now when you observed her taking a test, what did you
18 observe about her?

19 A Well, it took her very, very, very long time, like
20 four or five times as long -- four times as long as
21 normal. She ended up -- the evaluation I should have
22 been done by 5:00 and she stayed until like
23 9:00 talking. I mean I didn't even put everything

1 that she said in this. I mean she talked and rambled
2 on and on and she overanalyzed every question to the
3 point where she had to come back a second day and
4 work on the tests.

5 And that, as I said, is -- I've never
6 had this happen to this extent. I've had some people
7 kind of overanalyze the questions -- and I could give
8 you example of that. Like say if a question says
9 have you ever had trouble with the law, well,
10 somebody overanalyzing that might say, well, I had a
11 speeding ticket once, maybe I should say yes, whereas
12 really you should say if you haven't been arrested or
13 in prison you say no. So sometimes people will do
14 that and then that kind of causes validity problems,
15 but she seemed to analyze every question to a great
16 extent.

17 Q Now with respect to the Millon test I think you said
18 she took four times as long to respond to it?

19 A Yes.

20 Q Does that affect the validity of the test? How does
21 that impact the validity of the test?

22 A Well, the lengths that they take to do the test isn't
23 what affects the validity, but her overthinking every

1 question and her extreme level of defensiveness
2 affected the validity of the test. Also, she was
3 very non-disclosive in her test taking manner, so the
4 test results were extremely limited.

5 Q Okay. Now you have various validity scales regarding
6 this test; is that correct?

7 A Yes. As I said there was Fake-Good or Lie Scale.
8 Fake-Good that was Desirability, that's elevated
9 highly --

10 Q Okay.

11 A -- and then the Disclosure.

12 Q What was the result upon the Desirability Scale?

13 A Well, it was just highly elevated, in the clinically
14 significant range.

15 Q What does that scale measure?

16 A It measures the person being unwilling to admit to
17 minor flaws that most people would admit to and
18 attempting to present themselves as free from any
19 problems at all, and everybody has problems.

20 So we try to get people to just answer
21 the questions the way they truly feel and you'll be
22 fine if you do that, but if you attempt to manipulate
23 the test, as I believe she was doing, then you just

1 have this view of this perfect individual with no
2 flaws who is not giving out any information about
3 themselves.

4 Q Okay. And another scale you note in your report is
5 the Disclosure Scale. What is that scale?

6 A Well, that's what I explained that she was very
7 non-disclosive so it was very difficult to really
8 know anything about her due to her test-taking
9 manner.

10 Q Okay. You refer in your report to temperamental
11 individuals and how they respond. Can you elaborate
12 upon that from your report.

13 A Well, she did have two elevations, like Temperamental
14 and Histrionic were the only scales that were
15 elevated. And I guess she tends to be kind of an
16 intense type person who kind of is emotionally
17 labile, kind of easily influenced by the environment
18 as far as her emotions and feelings. She could go
19 from being excited or angry to bored, you know, very
20 easily, a lot of fluctuations, but usually kind of
21 outgoing and gregarious and intense to the point that
22 she can become overbearing.

23 Q And your report -- I'm sorry?

1 MR. MISKELL: I'm sorry. Can you read back
2 just the first part of that answer.

3 (The reporter read back the
4 answer.)

5 BY MR. STEELE:

6 Q Okay. And your report you refer to individuals with
7 similar profiles and their dealings with others
8 maximizing attention. How does that --

9 A Well, that's the Histrionic Scale.

10 Q Okay.

11 A And persons with histrionic personality tend to be
12 manipulative in order to gain attention and favor of
13 others and avoid disapproval's?

14 Q Okay.

15 A -- and tend to have very strong needs for attention
16 and affection. And she did have some subscales
17 showing that it was highly elevated, the attention
18 seeking part of that Histrionic Scale.

19 Q Okay. Any other factors revealed by the Histrionic
20 Scale? How do they treat other people, for example?

21 A Well, very manipulative. She can be, you know,
22 demanding and intense, hard to control.

23 There was also some features of

1 obsessive compulsive throughout this entire
2 evaluation process.

3 Q Okay.

4 A But due to her lack of disclosure the scale wasn't
5 really elevated on this test. It was higher than
6 some of the other scales, but we don't just go by the
7 test to make our diagnosis.

8 As you know, psychiatrists do the same
9 type of work that we do and they don't use any tests
10 at all. Psychologists do use tests, but we can make
11 a diagnosis based on our observations and discussion
12 with a client during the clinical interview.

13 Q Okay. You refer in your report to a manic-like
14 pattern. Can you elaborate upon how that was
15 reflected in her.

16 A Well, she was just very energetic and intense and
17 anxious. And I don't think she was actually manic,
18 but that's kind of -- these are the way the scales
19 are described. This is kind of how the scale is
20 described by the author of the test.

21 Q Okay.

22 A So not every word is meant directly, you know, toward
23 her, it's kind of -- this is a generalization of how

1 people that score elevated on those scales tend to
2 be.

3 Q Okay. Do people like this tend to be realistic in
4 their goals?

5 A Well, actually the Histrionic Scale there tends to be
6 throughout her testing and interview there's a strong
7 lack of insight.

8 Q Insight into her own behavior or the behavior of
9 others? How do you mean that?

10 A Well, just in general a lack of insight. You know, I
11 think obviously she seems to have a lack of insight
12 and kind of misreads various environmental cues to
13 kind of fit her own picture of reality. Like reality
14 is kind of skewed.

15 Q Okay.

16 MR. MISKELL: Objection on no facts in
17 evidence with regard to that opinion.

18 MR. STEELE: Well, it's her opinion.

19 MR. MISKELL: Yeah, but she has no --

20 MR. STEELE: Objection noted.

21 MR. MISKELL: -- facts in the --

22 THE WITNESS: I do have --

23 MR. MISKELL: -- record that are supporting

1 her opinion at this time.

2 BY MR. STEELE:

3 Q Do you have facts to support that opinion?

4 A Yes. There was a number of statements made and
5 records reviewed that do show that her view of
6 reality is skewed and inaccurate.

7 Statements she made there's a level of
8 paranoia. She would say she didn't want her
9 one-month-old daughter to see her being abused. She
10 would say that when her child -- let's see, one woman
11 tickled her child on the belly just above the genital
12 area and she thought that was inappropriate, like too
13 close to the genital area. So I think various
14 statements people made are twisted and misinterpreted
15 to kind of fit her view of reality, and that's kind
16 of been the picture all through this.

17 She was afraid to answer personality
18 test because she thought -- she told me she thought
19 one of the child abuse tests would show that she
20 might be abusive in the future. You know, that's
21 really a paranoid view of that. I mean there is no
22 test that can predict your future behavior.

23 MR. MISKELL: Can you read back that last

1 answer for me.

2 (The reporter read back the
3 answer)

4 BY MR. STEELE:

5 Q All right. And I think you referred to as being an
6 compulsive individual?

7 A Compulsive?

8 Q Yes.

9 A Yeah. She exhibited many symptoms of Obsessive
10 Compulsive Disorder, and that was, you know, kind of,
11 you know, shown on the test too, but not --

12 MR. MISKELL: Objection to the opinion.

13 THE WITNESS: -- it wasn't in the --

14 MR. MISKELL: Objection. The opinion that
15 she's obsessive compulsive lacks foundation and facts
16 relied upon.

17 MR. STEELE: Okay.

18 BY MR. STEELE:

19 Q What facts did you rely upon for that conclusion?

20 A I look at my test for a second?

21 Q Sure. Review your test and help refresh your
22 recollection.

23 A Yeah. There was a spike on the Compulsive Scale as

1 well, but that's not the only thing. I could easily
2 have ignored that, but there's so many other things
3 in her presentation that show that she does have
4 Obsessive Compulsive Disorder --

5 Q Okay.

6 A -- such as the way she took the tests, her manner of
7 taking four hours to take a test, redrawing pictures
8 four times to make them perfect. There's many,
9 many -- all the way through the two days she was
10 there she was very perfectionistic in everything she
11 did.

12 Q Okay. How long should this test have taken?

13 A Well, the interview and all the tests that I did
14 should have -- she should have been there 11:00 to
15 5:00, instead she was there from 11:00 to 9:00 p.m.,
16 I think it was even after 9:00, 9:30, and then I
17 finally had to make her leave. And then she came
18 back the next day because she had -- you know, there
19 was so many times she erased her answers and
20 reanswered the questions and rethought every question
21 over and over again; and, like I said, she did the
22 drawings four different times.

23 One test she claimed she tore it up in

1 little pieces and flushed it down the toilet when we
2 asked for it back. Because she wanted a new test to
3 start over we said we have to have the old one back
4 because it's protected material, and she said it was
5 torn up and flushed down the toilet. The particular
6 toilet she was talking about clogs easily so I knew
7 she could never have flushed it without overflowing
8 the toilet, so we finally -- I had to talk to her at
9 length. She wouldn't give it back to the
10 secretaries. Finally I got her to produce the test.
11 It was folded up and stuffed in her purse or pocket
12 or something. And so we gave her a fresh test to do,
13 promised to shred the old one.

14 But it was a just very, very difficult,
15 time-consuming day. She was very suspicious to the
16 point of paranoia about what the tests could show or
17 what they could mean, and I think that's why she
18 tried to not admit to much of anything on the test
19 questions.

20 Q Okay. And is this compulsive perfectionistic
21 behavior a result of a conflict between -- within
22 herself?

23 A Well, that's the theory.

1 Q Okay. And how does it manifest in dealing with other
2 people?

3 A What do you mean?

4 Q Well, in your report you refer to "Their prudent,
5 controlled, and perfectionistic ways derive from a
6 conflict between hostilities towards others and a
7 fear of social disapproval."

8 A Okay. Well, people that tend to be compulsive, or I
9 think one part of obsessive compulsive they're trying
10 to control their world due to the overwhelming
11 anxiety about the world or the tests and that's the
12 reason for the perfectionism, but there's usually a
13 strong underlying hostility and just a seeming public
14 compliance on the outside but inside they're
15 resentful and angry.

16 Q And how then do they deal with the real world? Do
17 they try and bend to their own view?

18 A Well, yes. I mean and this is where you see like her
19 continuing to present at hospitals like she didn't
20 agree with anything so she'd go and try to talk to
21 somebody else over and over again.

22 Q Okay.

23 A Which also relates to the paranoia. It's really --

1 diagnostic labels are just descriptions we've put on
2 them in order to help us describe states of mind, but
3 there's really -- usually a person is not clearly
4 diagnosed with one disorder and nothing else, there's
5 usually three or four disorders kind of mixed
6 together that are actually a best description of the
7 individual.

8 Q Okay. And does this report -- or this last test we
9 just talked about and the findings you found, does
10 that support your finding that she has Delusional
11 Disorder?

12 A She didn't score high on the Delusional Disorder on
13 the test, but because she lied on most of the answers
14 they were pretty much --

15 MR. MISKELL: Objection, calls for
16 speculation.

17 THE WITNESS: No, it's not. There's a Lie
18 Scale on the test and that's highly elevated. It's
19 called the Lie Scale on the MMPI.

20 BY MR. STEELE:

21 Q Okay.

22 A And the validity of the test is very limited so I
23 could only take what little I had to work with and

1 pretty much base my diagnosis on her presentation and
2 her statements to me based on my knowledge of
3 psychology.

4 Q Okay. In fact that leads us to the next test you
5 mentioned, which was the MMPI-2.

6 A Right.

7 Q And what kind of a test is that?

8 A That's another personality test.

9 Q And how was that administered?

10 A It's a true-false test with 500 -- about 550
11 questions. It's a very lengthy, detailed test.

12 Q Okay. And in that test it does describe the Lie
13 Scale I think you just testified to.

14 A Yes.

15 Q And the Defensiveness Scale.

16 A Yes. They were both extremely elevated.

17 Q Have you seen results like that before in your
18 practice?

19 A I have, but usually means the test results are not
20 valid.

21 Q Okay. Is it uncommon to see the scores this high?

22 A Yes.

23 Q Does this show how she views herself, these test

1 results?

2 A Not really.

3 Q Well, in your report you said she views herself a
4 highly moral, virtuous person with no faults --

5 A Oh, well, there's another validity scale that's
6 highly elevated that means that.

7 Q Okay.

8 A The Superlative Scale.

9 Q The Superlative Scale. How did she score on that
10 scale?

11 A Highly elevated.

12 Q Okay.

13 A And what you just read is the description of it,
14 somebody who views themselves as a highly moral,
15 virtuous person.

16 Q All right. Also there's a Disclosure Scale. How did
17 she score on the Disclosure Scale?

18 You can refer to your report or your
19 test if you want to. Page 15 in your report.

20 A Thanks.

21 The K Scale. Well, again, like the
22 whole picture I just told you it means kind of the
23 same thing as what we've discussed. All through all

1 her personality tests she -- and the parenting test
2 she had the same presentation, denying any problems,
3 minimize or deny anything at all wrong with her.
4 Even what most people would admit to, normal things
5 like do you ever get angry? Well, no. I mean that
6 was the way. Everybody gets angry, so she just
7 wasn't honest, and then she was very non-disclosive
8 and very defensive.

9 Q Okay.

10 A So all the tests are the same in that manner.

11 Q Was there anything else in the MMPI test?

12 A Well, just like it showed that she was more likely to
13 develop physical symptoms than depression, maybe like
14 instead of becoming depressed she might get a
15 headache or diarrhea or muscle aches. She tends to
16 greatly -- which again that's based upon the
17 Histrionic Scale, which is also on this test, which
18 was higher than other scales, which means that
19 there's a marked lack of insight and kind of the same
20 manipulative personality as the disorder.

21 Q I think in your report you stated she has problems
22 with impulse control. Is that shown by your report
23 and by your testing?

1 A Yes. The scale -- yeah, she tends to be very
2 impulsive, very outgoing. She'll likely speak
3 without thinking, make decisions impulsively.
4 Q And the next test was a Sentence Completion
5 Test-Adult Form. Was there anything significant in
6 that testing?
7 A She just basically completed the sentences with the
8 same statements that she is kind of -- in her belief
9 system the same things she said during the interview,
10 nobody is listening to her and, you know, nobody is
11 believing that her child is being abused, the most
12 important thing to her is her child, just things like
13 that that are really not too significant because it's
14 covered in the interview.
15 Q Okay. And then the House-Tree-Person Test and
16 Draw-a-Person Test and Draw-a-Family Test, I think
17 you mentioned there was some problems with that.
18 What were those problems?
19 A Yes. Well, she did those tests four times and she
20 just was not happy with her test results so she kept
21 asking for new papers to start over and over again.
22 Finally she was at least satisfied enough with her
23 drawings to turn them in, even though she had to

1 write a few comments on the side, like she said she
2 drew the hair too big on drawing of a woman, and
3 that's just very, very unusual behavior. Very
4 obsessive compulsive, paranoid.

5 Q All right. Any other conclusions you drew from that
6 test?

7 A Well, you know, there was not any huge reality
8 testing problem. Her tests were, you know, based in
9 reality, so, you know, not abstract.

10 Q Okay. Then you administered the Child Abuse
11 Potential Inventory, the CAP test.

12 A Yes.

13 Q Okay. Can you tell us about that.

14 A Well, honestly never seen a validity scale, the Lie
15 Scale, that highly elevated on any, any
16 administration of this ever, and I do it all the
17 time, like almost everyday for the past 20 years,
18 never seen, so it's pretty invalid test results. All
19 the scales are very low because she just denied
20 everything.

21 Q The test score for Lie Scale is 17. What is
22 considered normal for that?

23 A Well, an elevated score is like 9 or 10. I've never

1 seen a 17.

2 Q Okay. And this also was a test that she told you
3 that she had thrown down the toilet --

4 A Yes.

5 Q -- and had to retake it?

6 A Yes.

7 Q Okay. And I think you also show as elevated the
8 Fake-Good Index was highly elevated.

9 A Yes.

10 MR. MISKELL: Well, I'm going to object. The
11 report says elevated, it does not give a score.

12 BY MR. STEELE:

13 Q Okay.

14 A The computer doesn't give us a score.

15 Q Okay. All right. So you administered the testing, I
16 think you said then after you administered the
17 testing is when you do the interview.

18 A Yes.

19 Q So did you do an interview with her then?

20 A Yes.

21 Q Okay. Can you describe that interview for us.

22 A Well, like I said, I go through -- I have a standard
23 form that I go through starting with, you know, I

1 asked her about why she's involved with the system,
2 what's going on with the case, you know, about her
3 family and her. She was kind of all over the place
4 with that, so it was like a five-hour interview. You
5 know, usually it's an hour and a half.

6 You know, kind of rambling about how no
7 one believes her and everything that her and Madeline
8 have been through. There was a lot of discussion
9 about the hospitals and what she said and her child's
10 father said and various things. She thought like the
11 child coming home looking sore or smelling like
12 semen. Just various, you know, trips to the hospital
13 and ways she was treated badly.

14 And then, you know, I went through my
15 normal, you know, depression, anxiety, trauma,
16 anything like that, any history of mental health.
17 She wouldn't tell me who her doctors were or really
18 medication history, I couldn't get any accurate
19 answer on that. Substance abuse she wouldn't answer
20 those questions either as far as her history, and
21 that's, you know, a required section that people are
22 supposed to answer, but she refused.

23 Asked about her living situation, her

1 education, her job situation, which sounds kind of
2 like some odd jobs and she bought a little house with
3 some inheritance money. Said she had no prior
4 criminal history.

5 So it was a lot of kind of rambling
6 about the case and then, you know, answers to the
7 other questions that I just told you about.

8 Q Okay. Did you ask her about her strengths and
9 weaknesses?

10 A I don't remember if I did or not.

11 Q Okay. You can review your report if it refreshes
12 your recollection.

13 A Do you know what page?

14 Q Page 6.

15 A Oh, yeah, I remember now. She couldn't tell me any
16 weaknesses. She said she's really good with kids and
17 likes to help people, and she says she doesn't like
18 confrontation. And she talks again about the case,
19 about people in power not doing their job right,
20 sounds like some resentment about that.

21 Then she talked about what she thinks
22 people think of her. "People think that I'm weak and
23 I won't fight back." Again, she thinks she handles

1 stress well, she tries to work out instead of express
2 anger, and she tries not to break down and cry. So
3 it's really kind of not -- aside from the first
4 sentence she said her strengths were kindness,
5 patience and understanding and she likes to help
6 people. She also said somewhere else that she's very
7 good with children and they listen to her.

8 And then weaknesses she really didn't
9 answer that and then kind of talked about other
10 things.

11 Q Is she very self aware?

12 A No, she's not.

13 Q How does she relate to authority?

14 A She questions authority. She has problems with
15 authority.

16 Q Okay. Anything else in your interview that you feel
17 is significant towards your assessment or your
18 opinion?

19 A Well, speaking of authority, you know, she talked a
20 lot about her ex's family working for the city and
21 being policemen and how like, you know, she couldn't
22 get anything done because of their power in the city
23 and kind of like she was not listened to because of

1 that, because of their power and position, and that
2 she was trying to kind of fight the system so she
3 went to other towns to try to get help, like
4 Naperville and Peoria for Maddie with the sexual
5 abuse.

6 Q Okay. What is her relationship like with Maddie,
7 Madeline? Were you able to determine that from your
8 interviews?

9 A Well, it seemed like they have a close relationship.

10 Q Okay. But her attitude towards her, is it in any way
11 out of the ordinary?

12 A Well, she appears to love her a lot but she seems
13 very overly protective.

14 Q Okay. And does that relate to your other assessments
15 of her delusional disorders?

16 A Well, I think she kind of projects her feelings onto
17 Maddie and that's where all these issues come up with
18 the persecution that she feels, like everybody is out
19 to get her and harm her and treat her poorly, but
20 that's kind of projected onto Maddie.

21 And then the somatic delusions as well,
22 like the smelling of semen, that's right out of the
23 textbook that they have smells and they will relate

1 to certain things that have to do with their body
2 that isn't accurate. A lot of inaccurate conclusions
3 about Maddie's body. Like sometimes people like this
4 will think they have a disease or there's a foul odor
5 coming from their body, or there's bugs crawling on
6 them or inside of them, and they'll continue to
7 doctor shop because they don't believe that anyone
8 sees what they see, and that's kind of what we're
9 seeing with Maddie's mother.

10 And then, again, like I said feeling
11 persecuted, unfairly treated and paranoid, everyone
12 is out to get her and harm her and lying against --
13 not believing what she has to say. Continuing to go
14 after something that no one else is seeing to many
15 different doctors and hospitals, which I think has
16 led to her problems. It's really sad this happened,
17 but she obviously loves her daughter.

18 Q Okay. Based upon the interview that you had with
19 her, and your testing and your review of any other
20 records you may have looked at with regard to this
21 matter, do you have an opinion, based upon a
22 reasonable psychological degree of certainty, as to
23 her mental state?

1 MR. MISKELL: I'm only going to object to the
2 form of the question in that the witness has yet to
3 identify the exact records she's reviewed in order to
4 make her -- other than the testing, the records that
5 she's reviewed in order to make her opinions.

6 BY MR. STEELE:

7 Q Have you reviewed any other records?

8 A Yes. They're summarized in the report.

9 Q All right.

10 A There were records from various hospitals:
11 Naperville, OSF, I don't remember all the names,
12 Edwards something. Anyway, they're all listed in
13 there, and there was a big stack of them.

14 Q Okay.

15 A And I read through all of them and all the doctors'
16 findings.

17 Q Can you point that out to us in your report.

18 A You know what, maybe they aren't all here. I thought
19 I read somewhere about the various hospitals. I
20 usually list the records. I had asked somebody to
21 type them but maybe they didn't add them.

22 Q But under your *Assessment Procedures* on page 10 that
23 shows procedures you went through to reach your

1 conclusions; correct?

2 A I should have had a list of records under there. I
3 thought it was there, but it's not. So I did receive
4 records from all the hospitals she went to.

5 MR. MISKELL: Objection, calls for
6 speculation.

7 THE WITNESS: Naperville -- did you see it in
8 here at all? I know there was like four hospitals,
9 and there was some DCFS things, and I know OSF,
10 Naperville, there was some -- Edwards something, is
11 that --

12 BY MR. STEELE:

13 Q Edwards Hospital.

14 A I don't know where it would be.

15 Q Okay.

16 A There's too many pages.

17 Q Is that in your file with you today? Do you have
18 those?

19 A Yes.

20 Q Okay. You want to review those?

21 A Sure, I can do that. Pediatric Resource Center.

22 MR. MISKELL: Just so the record reflects,
23 the witness is -- in her hands I believe is the

1 medical records that she's saying she has reviewed
2 and that they appear to be approximately an inch, a
3 little over an inch thick.

4 Would you agree to that, counsel?

5 MR. STEELE: Yes.

6 MR. MISKELL: All right.

7 THE WITNESS: So I'm sure there's many other
8 pages that I don't have that were not felt relevant.

9 MR. STEELE: Okay.

10 MR. MISKELL: Well, I'm going to need to know
11 those if we're going to be having opinions and being
12 able to cross examine on opinions pursuant to 213(f).
13 If she's reviewed records that have not been
14 disclosed and that are not here today, then I think
15 those -- whether or not she believes they're
16 relevant --

17 MR. STEELE: Are those records with you here
18 today?

19 MR. MISKELL: -- a separate thing.

20 THE WITNESS: I don't know what all records
21 are involved in the case, I just --

22 BY MR. STEELE:

23 Q The records that you reviewed, are those in front of

1 you in your file?

2 A I believe they are, yeah. Peru Police Department,
3 there's records from the court, there's Edwards
4 Hospital, Rape Crisis Hotline. Let's see. There's
5 text messages, Julia and I guess her -- the dad.

6 MR. MISKELL: Pardon me? I'm sorry, ma'am, I
7 didn't understand what you said.

8 THE WITNESS: I think the father. I think
9 it's been a while since I did this so I don't
10 remember what the -- there's some text messages,
11 DCFS --

12 MR. MISKELL: One report? Two reports?
13 Three reports?

14 THE WITNESS: I didn't rereview any of the
15 records because I knew you had another -- you had a
16 medical witness, and so I'm not -- wasn't planning to
17 go into that.

18 Illinois Valley Community Hospital -- I
19 think the records were simply provided to me for me
20 to understand how many times she sought treatment.

21 BY MR. STEELE:

22 Q Okay.

23 A Edwards Hospital. Do you want all the dates or --

1 Perry Memorial.

2 Q I'll show you Request to Admit Documents which is
3 filed with the court and ask you attached to that are
4 these the medical records you're referring to, and if
5 they're --

6 A That's what it looks like. I mean --

7 Q They're summarized in the first two pages.

8 A I mean I couldn't say yeah or no just by glancing at
9 that page, I have to go through every page so he's
10 going to say object, so I really can't -- I mean it
11 looks like it but I don't know 100% certainty that --
12 I mean I have OSF, I have Edwards, I have just every
13 hospital that you deemed was important enough for me
14 to know what was going on, I guess.

15 MR. MISKELL: By who? You mean the attorney
16 across from you?

17 THE WITNESS: I don't know who put this
18 together. I don't know if the attorneys put it
19 together --

20 MR. STEELE: Counsel, I supplied the doctor a
21 copy of the documents in the Request to Admit.

22 MR. MISKELL: Well, the records that the
23 petitioner thought was relevant, you have that.

1 THE WITNESS: Well, I don't know that to be
2 true. I don't know that. I thought you all had the
3 records. Maybe. I don't know.

4 BY MR. STEELE:

5 Q Okay. But your opinion was primarily based upon the
6 testing that you gave?

7 A Right. I mean, yeah, I read through this stuff, but
8 the significance to me was that there were so many
9 different times she sought treatment after visitation
10 and the fact that the doctors didn't seem to think
11 there was much reason for it.

12 Q All right. And based upon --

13 MR. MISKELL: I'm going to object and move to
14 strike what the doctors thought, goes to state of
15 mind.

16 MR. STEELE: Okay. Objection noted.

17 BY MR. STEELE:

18 Q Okay. Based then upon your assessment procedures,
19 the administration of the testing you gave, which
20 you've testified to, and your clinical interview, do
21 you have an opinion then, based upon a reasonable
22 psychological degree of certainty, as to the mental
23 condition of Julia Eickmeier?

1 A Yes.

2 Q And what is that?

3 A Well, I diagnosed her with a number of disorders.

4 Based on the testing I think she had -- well, she had

5 histrionic and compulsive features. And there really

6 isn't a turbulent diagnosis, okay, that's just kind

7 of emotionality, fluctuations in mood. I thought she

8 had Generalized Anxiety Disorder and Delusional

9 Disorder. Yeah, Obsessive Compulsive Disorder --

10 Q Okay.

11 A -- Paranoid Personality.

12 Q Okay. So Axis I you have three diagnosis

13 impressions.

14 A Yes.

15 Q What does Axis I mean?

16 A That's everything but personality disorders or mental

17 retardation.

18 Q All right.

19 A So clinical syndromes, I guess.

20 Q You have Axis I, then Delusional Disorder. Can you

21 describe what that means.

22 A Well, there's five types of Delusional Disorder: The

23 Somatic Type, Persecutory Type, Erotomatic Type,

1 there's Grandiose Type, Jealous Type. That's when
2 you find, you know, like you hear about movie stars
3 where somebody is in love with them and won't leave
4 them alone, that's like one type.

5 The type she has is some kind of a
6 combination of the two types of the Persecutory Type
7 which the central theme of the delusion involves the
8 individual's belief he or she is being conspired
9 against, cheated, spied on, followed, poisoned,
10 drugged, maliciously maligned, harassed, or
11 obstructed in the pursuit of long-term goals, and
12 the Somatic Type applies to the theme of delusions
13 involving bodily functions and sensations.

14 Q Okay. Is that primarily derived from your testing?
15 How much weight do you give to the testing in
16 reaching those conclusions?

17 A It was more my clinical judgment and her overall
18 presentation. The tests were not valid in general
19 because she was so defensive.

20 Q Okay. So despite that you're able to observe these
21 other factors that allow you to make this diagnosis?

22 A Yeah. Based on the history, the presenting problem,
23 her presentation throughout the evaluation.

1 Q And history you've taken down?
2 A Yes.
3 Q Okay. And on obsessive compulsive, you diagnosed
4 that, what is that?
5 A Well, we talked about that at length. It's
6 perfectionistic tendencies, and she's very
7 perfectionistic, which is one reason the test took so
8 long and she had to, for example, redraw the drawings
9 four times because they weren't good enough.
10 Basically people like this can't seem to get anything
11 accomplished because if it's not done perfect it
12 can't be done at all and so it takes excessive amount
13 of time to complete anything, which is kind of what
14 we saw.
15 Q Okay. Generalized Anxiety Disorder, how do you
16 define that in relation to her?
17 A Well, she was very, very anxious, and throughout the
18 testing very, very...
19 Q Okay. And Axis II was a Paranoid Personality
20 Disorder with Histrionic Features.
21 A Yes. And we discussed those.
22 Q Can you define that for us.
23 A There's kind of a delusion that you're being

1 persecuted and mistreated, everyone is out to get
2 you, kind of can't get justice, nobody believes you,
3 very hard to -- these people have very ridged thought
4 processes and it's very hard to have a reasonable
5 conversation with them because they already have
6 their mind made up about how things are in the world.

7 Their view is very ridged and they can't
8 be manipulated or reasoned with so they tend to
9 withdraw from others and kind of do the kind of
10 things she's doing like seeking to prove that she's
11 right by going to various sources to try to get help.
12 And the histrionic is being manipulative and kind of
13 shallow, attention seeking.

14 Q Okay. What are the severity of these various
15 disorders? Can you give us a degree of severity?

16 A I'm not sure what you're asking me.

17 Q Okay. Are there other diagnostic impressions from
18 your report that are significant in your opinion?

19 That's page 21 of your report, if you
20 want to review that.

21 A Well, I think the medical that she had -- I mean
22 there's really -- oh, I see what you're -- that's
23 psychosocial stressors.

1 I think these all kind of impact her
2 level of functioning and make her functioning in the
3 world pretty limited as far as, you know, she doesn't
4 really have a stable job, kind of odd jobs here and
5 there it seems like. Family helping to support her,
6 so there's not a whole lot of ability to support
7 one's self, which as an adult, you know, that's what
8 adults do, so that's not going on. Dropping out of
9 college, you know, she said the court and all this
10 interfering with her schooling.

11 You know, she's just not really
12 functioning. She's kind of living in this -- in a
13 house she bought with an inheritance and family is
14 paying the bills unless her and a friend can buy an
15 old car and fix it up and sell it, odds and ends like
16 that, so probably she's really not functioning
17 independently as an adult.

18 And then spending a lot of time focused
19 on the issue and court and proving something that
20 nobody else is able to see but her.

21 Q And how does that affect her relationship with
22 Madeline?

23 A Well, I think that's kind of complicated. You know,

1 Madeline probably some of the adult issues she's not
2 aware of, but yet she has repeated things that make
3 it obvious she's kind of listening to conversations
4 when she's on the phone. And I think this takes a
5 great deal of her time. Taking Madeline to the
6 hospital, all that, you know, you're up all hours
7 waiting to be seen. You know, it's not a good use of
8 time.

9 Q Okay.

10 A Taking pictures of her, having her exposed to
11 multiple examinations, none of that is healthy
12 behavior.

13 Q Does that relate to her paranoid delusions?

14 A Yes. Yes, the Delusional Disorder and paranoia are
15 driving her behavior.

16 Q Okay. What are your recommendations?

17 A Well, I recommended that she seek medication and
18 counseling.

19 Q Would there be a focus on that counseling?

20 A More than medication or --

21 Q Your recommendation that she should seek
22 psychotherapy, what should that focus on?

23 A Trying to get her to live her life in a more

1 reality-based manner. And this could be very
2 difficult to try to attain because delusions are very
3 hard to confront and change, so hopefully with
4 medication and counseling she would be able to make
5 some changes and move on to a healthier more
6 reality-based life as a parent and an adult mother.
7 Q Okay. Did I give you Exhibit B? Do we have that?
8 That is your report that we had marked by the
9 reporter.
10 A Oh!
11 Q All right. Ask you to examine this and ask you if
12 that is your psychological evaluation?
13 A Yes.
14 Q And does that contain the relevant data you relied
15 upon in making this opinion?
16 A Yes.
17 Q And does it set forth your interview with
18 Ms. Eickmeier in detail?
19 A Yes.
20 Q And does it also describe testing and the testing
21 results?
22 A Yes.
23 Q And does it contain your diagnosis and

1 recommendations?

2 A Yes.

3 Q Directing your attention to page 21, does your
4 signature appear upon that page?

5 A Yes.

6 MR. STEELE: Okay. I'll move to admit
7 Petitioner's Exhibits A and B for evidence.

8 MR. MISKELL: No objection Exhibit A.
9 Exhibit B the objection is is that it's a hearsay
10 document in that it was a document prepared in
11 anticipation of litigation, it is not medical
12 treatment and an exception under the medical records
13 exception, and as such the witness is here to testify
14 as to her treatment or her testing and her diagnoses
15 and such and therefore the report would be not
16 admissible.

17 MR. STEELE: Okay. I believe it's prepared
18 at the order of the court, so I think it's
19 admissible.

20 MR. MISKELL: It was prepared after you filed
21 a Motion to Appoint --

22 MR. STEELE: That's correct.

23 MR. MISKELL: -- an examiner. She is not an

1 opinion witness that was independently directed by
2 the court.

3 MR. STEELE: Objection noted.

4 Okay. That's all I have.

5 **EXAMINATION BY MR. MISKELL:**

6 Q Now, ma'am, you're a forensic psychologist; correct?

7 A Well, that's what I do a lot of is forensic work.
8 I'm a clinical psychologist.

9 Q Well, you're Board certified in forensic psychology;
10 correct?

11 A Well, that's a certification that you can get.

12 Q And you have it.

13 A Yeah.

14 Q Okay. And with regards to that, are you an approved
15 Board certified forensic psychologist with regards to
16 child sexual offense -- or sexual abuse?

17 A There's no differentiation in that in my license.

18 Q You're a licensed sex offender evaluator and
19 treatment provider; correct?

20 A And a licensed clinical psychologist, yes.

21 Q Now with regards to my client, is my client a sex
22 offender?

23 A No.

1 Q Okay. My client would not -- you don't have an
2 opinion as to whether or not my client has ever
3 sexually offended the child; correct?

4 A Well, we think by reviewing the records that there
5 was like a lot of unnecessary pictures and
6 examinations, but aside from that no.

7 Q Okay. Now you say "unnecessary." Are you aware as
8 to a conversation that my client has, and it's been
9 videotape recorded, with the investigation, the
10 detective, local detectives, where she was told to
11 document everything --

12 MR. STEELE: Objection.

13 MR. MISKELL: -- by medical professionals?

14 THE WITNESS: Yes.

15 BY MR. MISKELL:

16 Q So you're aware she was told to document everything?

17 A Yes.

18 Q And she in fact tried to document everything.

19 A Well, that's what anybody is told.

20 Q So she did what the authorities told her to do;
21 correct?

22 A I think it's a superficial cursory statement, it
23 wasn't an investigative like you're saying, if you